

THE LANCET

Healthy Longevity

Supplementary appendix

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Impact of B.1.351 (Beta) SARS-CoV-2 variant on BNT162b2 mRNA vaccine effectiveness in long-term care facilities of eastern France

Supplementary Appendix

Supplementary Table 1. Characteristics of long-term care facility residents by RT-PCR test results and clinical forms of infection (n=376) included in the retrospective cohort study from 15 January to 19 May 2021

Supplementary Figure 1. Timing of BNT162b2 mRNA COVID-19 vaccination and B.1.351 outbreaks in LCTFs of eastern France.

Ethics statement

Funding statement

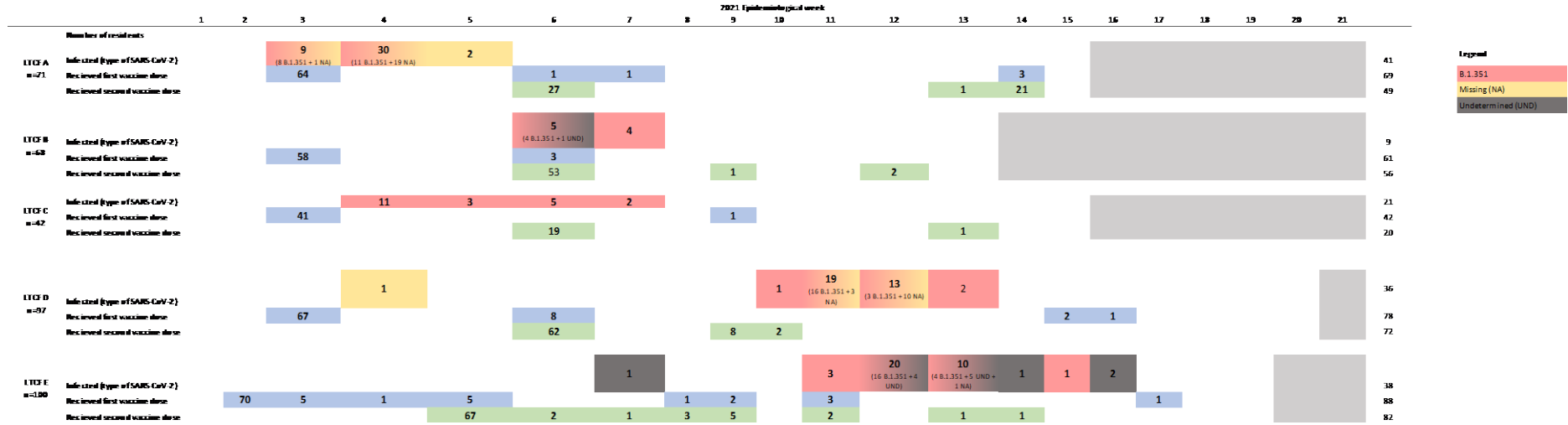
Acknowledgements

Supplementary Table 1. Characteristics of long-term care facility residents by RT-PCR test results and clinical forms of infection (n=376)* included in the retrospective cohort study from 15 January to 19 May 2021

	PCR-negative	B.1.351 infection	
		Mild	Severe
	(N=233) n (%)	(N=91) n (%)	(N=52) n (%)
Sex			
Male	50 (21.5)	18 (19.8)	23 (44.2)
Female	183 (78.5)	73 (80.2)	29 (55.8)
Age (years)			
55-84	68 (29.2)	33 (36.3)	13 (25.0)
85-94	136 (58.4)	46 (50.5)	36 (69.2)
94-104	29 (12.4)	12 (13.2)	3 (5.8)
History of past SARS-CoV-2 infection			
None	214 (91.9)	91 (100.0)	52 (100.0)
Asymptomatic	5 (2.1)	0 (0.0)	0 (0.0)
Mild	7 (3.0)	0 (0.0)	0 (0.0)
Severe	5 (2.1)	0 (0.0)	0 (0.0)
Unknown	2 (0.9)		
Long-term care facility			
A	30 (12.9)	18 (19.8)	23 (44.2)
B	59 (25.3)	7 (7.7)	2 (3.9)
C	21 (9.0)	17 (18.7)	4 (7.7)
D	61 (26.2)	25 (27.4)	10 (19.2)
E	62 (26.6)	24 (26.4)	13 (25.0)
BNT162b2 mRNA COVID-19 vaccination			
No vaccination	22 (9.5)	5 (5.5)	13 (25.0)
One dose of vaccine	18 (7.7)	17 (18.7)	24 (46.1)
Two doses of vaccine	193 (82.8)	69 (75.8)	15 (28.9)

*Two participants with positive RT-PCR test results, but variant screening RT-PCR test results missing (n=1) or undetermined (n=1), and not part of a cluster, are not shown

Figure 1. Timing of BNT162b2 mRNA COVID-19 vaccination and B.1.351 outbreaks in LCTFs of eastern France



Ethics statement

In France, surveillance of COVID-19 testing and COVID-19 vaccination data in LTCFs is considered as public health surveillance which does not require formal ethical review. The pseudonymized data collection by medical personnel at the LTCFs and analysis by the authors have been performed under the legal responsibility of the Société de Pathologie Infectieuse de Langue Française, which ensured compliance with data protection regulations in France.

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